

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43083  
Registrar's No. 2677

Registration District No. 784

Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town Webster Groves.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
419 Page Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 15 Years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Webster Groves.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 419 Page Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Myrtis Roehling.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Henry Roehling 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 21 1882.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 10 3 hr. min.

9. Birthplace Mississippi.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

12. Name ? Peters.

13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

14. Maiden name ? Garner.

15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Roehling.

(b) Address 419 Page, Webster Groves.

17. (a) Burial (b) Date thereof 12-27-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. DEC 26 1941 (b) C. H. Mc. Claren  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 24  
year 1941 hour 8:15 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Dec 1  
Dec 1940 to Dec 24 1940;  
that I last saw him alive on Dec 24 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of  
uterus

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Carl E. Smith (M.D. or other)  
Address Webster Groves Date signed 12-26-41

Dr. Smith 648 Big Bend  
1-2:30 P.M.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John P. Buckholz*

Licensed Embalmer No. 1674

P. O. Address.....

*2223 So. Louis Ave*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**